

2010 Catawba County Federal Legislative Agenda



Oppose efforts to require collective bargaining for public or private employees

Congress has made several attempts to preempt state law and impose collective bargaining in North Carolina for both public and private employees. If attempts to impose collective bargaining are successful, the results will be damaging for both local governments and economic development efforts for private industry.

In addition to efforts to force unions for private industry, there have been several Congressional attempts to require local governments to implement collective bargaining for public employees. In December 2007, Congress attempted to amend the Farm Bill to include S 2123, the "Public Safety Employer-Employee Cooperation Act of 2007." In July 2007, the House of Representatives passed HR 980, a mandatory collective bargaining bill, by a margin of 314-97.

In January 2009, the Public Employee Cooperation Act was introduced in Congress (House Bill 410/Senate Bill 1611). The Bill would provide collective bargaining rights for public safety officers employed by States or their political subdivision (local governments). The ability to engage in collective bargaining, as defined in this Bill, would be made available to law enforcement officers, fire fighters, and emergency medical services personnel.

In March 2009, the Employee Free Choice Act was introduced in Congress (House Bill 560/Senate Bill 1409). Commonly known as "The Card Check Bill", this legislation would do away with the current requirements that a union be certified through a federally-supervised secret ballot election. Instead, the union would be certified the moment it collected a majority of signed authorization cards. The Card Check Bill would therefore eliminate the campaign period and the legal requirements that regulate it, not to mention eliminating the ability of employees to make an informed decision in private.

The implementation of collective bargaining for public employees will take away state's rights and North Carolina's status as an "employment at will" state. Implementation of collective bargaining for public employees will create a political atmosphere in the workplace, and will seriously degrade the professional nature of hiring and service delivery. The requirements set forth in collective bargaining will add tremendous costs to the personnel functions of local government, which could ultimately lead to property tax increases. Implementation of collective bargaining will introduce an adversarial relationship between elected officials, local government county/city managers and other staff. Catawba County has enjoyed a positive working environment and culture where everyone works together for the good of the public.

Support Federal assistance in the funding of a regional wastewater re-use system which will benefit the Catawba County EcoComplex.

Catawba County is requesting Federal assistance in developing and constructing a regional wastewater re-use system (also known as a wastewater recycling or wastewater reclamation system). The request is for \$3 million in State and Tribal Assistance Grant funding and \$3 million in Department of Energy funding. The system will travel from the City of Hickory's Henry Fork Wastewater Treatment Plant to Catawba County's EcoComplex in an effort to conserve the region's water and strengthen the County's economy by creating a sustainable infrastructure for Catawba County Government and private business while introducing alternative energy research to the County.

The reclaimed wastewater will be used to irrigate nonfood crops that will be employed in Appalachian State University's biodiesel research facility (which is using the re-used wastewater to grow crops that will produce 104,000 gallons of biodiesel a year), Catawba Valley Community College and North Carolina State University's turf research project, and in the County's green energy producing bio-reactor landfill and wood-fired steam renewable energy facility. In addition to using the water for research and county operations, the re-use water will be utilized to replace potable water currently used by private businesses for their operations (e.g. G&G Lumber Inc. and Pallet-One Inc.). Lastly, the use of wastewater will help improve the quality of water in the Catawba River Basin by lowering discharge levels from the City of Hickory's Henry Fork Wastewater Treatment Plant.

The County's ability to receive Federal assistance on the wastewater re-use system will affect the pace in which this project can begin to help both Catawba County and the whole region. To date, Catawba County has invested approximately \$1.2 million in conducting detailed engineering evaluations of the cost to expand and rehabilitate the existing composting facility, as well as construct the new drying and green energy facility. Thirty percent of the design for the facility has been completed.

Support Federal assistance in funding of a wood waste and bio-solids gasification and green energy facility.

Catawba County is requesting Federal funding to build a wood waste and bio-solids gasification and green energy facility. The request is for \$5 million in State and Tribal Assistance Grant funding and \$5 in Department of Energy funding. Currently, Catawba County is responsible for handling wood waste from a major lumber mill and a pallet manufacturer at its Eco-Complex, in addition to being responsible for disposing/marketing wastewater treatment bio-solids dried at an adjacent facility. Innovative technology will address both responsibilities in a cost-effective manner that generates more than 2.5 Megawatts (MW) of "green energy" electricity. This project will provide critical waste handling and green energy production capabilities that will attract more industry to the Eco-Complex, generating new jobs for the economically depressed Catawba County region.

The Wood Waste and Bio-solids Gasification and Green Energy Production Facility will prototype innovative technologies that solve wood waste and bio-solids handling problems with the additional benefit of generating significant amounts of "green energy". This facility, the first-of-its-kind in the U.S., using technology proven in Canadian facilities, will have broad national applicability by demonstrating cost-effective solutions to a problem faced by all municipalities. By generating large quantities of "green energy", this facility will help to address climate change and dependency on foreign sources of energy. Operation costs of this facility will be funded by "green energy" sales, user fees charged to wood waste generators, and customers of the bio-solids drying facility.

Federal funding will escalate the completion of this project, increasing the benefits for the citizens of Catawba County and surrounding areas. To date, the County has invested approximately \$50,000 to determine that the project is technologically and financially viable.

Oppose new EPA Ozone Standards

On January 6, 2010 the EPA proposed new national ozone standards, reducing the current "primary" ozone standard (established in March, 2009) from 0.075 parts per million (ppm) to a level within the range of 0.060 – 0.070 ppm. In addition, EPA has also proposed establishing a separate "secondary" standard to protect the environment, particularly plants and trees. The proposed level for the "secondary" standard is within the range of 7-15 ppm-hours.

Previously, localities that exceeded the federal air quality standards (considered in non-attainment) were in danger of losing federal highway funds. Also, business/industry expansion in those communities was affected by additional federal permitting requirements that directly impact economic development and sustainability.

High air quality is important to Catawba County. In 2008, Catawba County partnered with nine other local government entities in the region to form the Unifour Air Quality Committee. By employing specific strategies for ozone reduction, the region's ozone level was reduced to 0.078 and the region was able to attain the standard for the first time. Since 2008, the EPA has twice reduced the ozone standard, resulting in "nonattainment" of meeting the standard by the County and the surrounding area. Catawba County opposes any reduction in ozone standards without the provision of resources that would allow the County to engage in additional reduction strategies.

Support implementation of Streamlined Sales Tax

Based on research, it is estimated that North Carolina loses at least \$300 million annually in unpaid sales tax collections, with local governments losing at least \$100 million. For Catawba County, the estimated loss is at least \$1.9 million per year (for comparison, 1 cent on the property tax rate generates \$1.5 million). While some opponents of remote sales tax collection may argue that the legislation results in a tax increase, these revenues are already due and payable to the State of North Carolina and local governments. For Catawba County, this uncollected revenue could provide much needed resources to fund required services without the need for property tax increases or could be used to reduce the property tax burden on citizens.

Support for permanent restoration of the ambulance fee schedule as stated in The Medicare Improvements for Patients and Providers Act (MIPPA) of 2008

The MIPPA 2008 Legislation increased the Medicare Ambulance Fee Schedule by 2% for urban providers and 3% for rural providers. These temporary increases were effective for 18 months (dates of service: July 1, 2008 - December 31, 2009). With the expiration of these temporary increases, the 2010 Medicare Ambulance Fee Schedule will represent a decrease of 2-3% respectively.

Some of the Healthcare Reform bills (House Bill 3590 and Senate Bill 1796) contain language for an additional 12 month extension of these increases (January 2010 – December 2010). A conference session is being held to discuss a compromise to resolve the differences in the two bills. The American Ambulance Association is lobbying Congress to ensure that the ambulance relief language remains a part of the final bill. Currently, the House Bill has passed, but the Senate Bill has not moved.

The Ambulance Inflation Factor (AIF) for 2010 is zero (0%). The AIF is the annual rate of increase to the Medicare Ambulance Fee Schedule and is based on the Consumer Price Index (CPI). With the announcement of a zero percent increase for 2010, the ambulance fee schedule should have remained the same as 2009 allowable. Because the MIPPA 2008 Legislation has expired, the 2010 fee schedule will actually represent a decrease of 2-3%. This issue will result in a 2-3% reduction from current fiscal year revenue for ambulance providers when treating/transporting Medicare patients.

Support increased local funding, incentives and community-based surveillance and communication systems regarding disease spread related to a pandemic flu threat

Preparing for a pandemic (global outbreak) influenza outbreak involves everybody. The threat of pandemic influenza is real, and there needs to be a strong local preparedness system in place.

Influenza is a highly contagious respiratory virus that is responsible for annual illness in the United States and other countries. Each year, 200,000 people on average are hospitalized and 36,000 die in the United States from influenza infection or a secondary complication.

During an influenza pandemic, the level of morbidity and mortality from influenza will likely increase dramatically. During the last century, three influenza pandemics caused increased mortality, morbidity and societal burden throughout the world above the levels seen with usual yearly epidemics.

The Centers for Disease Control and Prevention (CDC) and other public health experts agree that it is not a question of **IF** a pandemic will occur, but **WHEN** it will occur. If the United States is not adequately prepared, pandemic flu could seriously affect everyone economically. Specifically, Federal assistance is needed in these areas:

- Keep Pandemic Planning and Preparedness Funding, especially to local governments, where response is going to be needed most at the beginning of a pandemic outbreak.
- Additional funding is needed to support the increased demand of exercises and planning efforts at the local level.
- Incentives are needed for local governments, businesses, schools and medical centers who aid their staff (prepared workforce) and community (e.g. personal preparedness) toward achieving a higher level of preparedness (e.g. education, family emergency plan, family preparedness kits).
- Support for community based surveillance and communications systems for tracking of disease spread, real-time communication and notification abilities with community partners (school systems, businesses, hospitals, etc).

Support and encourage quicker deployment of Next Generation 911 Initiative

The Nation's current 911 system is designed around telephone technology and cannot handle the text, data, images and video that are increasingly common in personal communications and critical to future transportation safety and mobility advances. The Next Generation 911 (NG 911) initiative will establish the foundation for public emergency communications services in a wireless mobile society.

Text, data, images, and video are increasingly common in personal communications and are critical to future transportation safety and mobility advances. However, the 911 system of the 1970s was created to transmit voice media only and was not designed to handle the challenges of multimedia communication in a wireless, mobile society.

The NG 911 initiative will leverage the progress from the Secretary of Transportation's Wireless E911 Initiative. The Next Generation 911 initiative will establish the foundation for public emergency services in this wireless environment and enable an enhanced 911 system compatible with any communications device.

The goal of the NG 911 initiative is to enable the transmission of voice, data, or video from different types of communication devices to the Public Safety Answering Points (PSAPs) and onto emergency responder networks.

It is important that this initiative be supported and accelerated to accommodate technology that has been in common use for at least five years.

Support improvements to the Temporary Assistance for Needy Families Program (TANF) and other safety net programs so that all families have necessary work supports and TANF focuses on positive outcomes for families and reducing poverty

From 1996, the year when TANF replaced Aid to Families with Dependent Children (AFDC), to 2004, the share of eligible families receiving assistance from the program fell by half, from 84 percent to 42 percent. Over that same period, the real value of the basic TANF block grant has declined 28 percent due to inflation. TANF will need to be reauthorized in 2010. The last reauthorization, part of the Deficit Reduction Act, forced states to focus almost exclusively on meeting a strict work participation requirement for families receiving assistance. Both regulations and sub-regulatory guidance has been used to further restrict state flexibility. In particular, these policies have made it hard for states to allow recipients to participate in education and training, or to make appropriate accommodations for individuals with disabilities, as required under the Americans with Disabilities Act.

Therefore, as part of TANF reauthorization, states should be given more flexibility to develop welfare-to-work programs that meet the needs of a diverse group of recipients, engage participants in skill-building activities, and shift the focus from work participation rates to outcomes and poverty reduction. The flexibility should be developed with written feedback and participation at town meetings or listening sessions, with explicit and visible invitations to states and advocates to participate, leading up to development of principles and a vision for reauthorization.

Support increases to funding for Older Americans Act services to help older Americans remain independent in their homes and communities

According to the Centers for Disease Control and Prevention (CDC), roughly 26 million older adults over the age of 65 have physical limitations or need assistance with activities of daily life, such as eating, bathing or dressing. Older Americans Act (OAA) services enable many individuals to remain at home with the provision of supportive services including home delivered meals, in-home aide, adult day care/day health and transportation. Increasing total funding for these programs will allow them to keep pace with projected population growth and service rate increases. The Older Americans Act programs are impacted by the changing demographics and continued growth in the older adult population. The demographics coupled with rising costs for the provision of services severely impact the provision and availability of OAA services. To keep pace with both the demographics and cost increases, an increase in funding is needed. It is recommended that OAA funding be increased by at least 5.17 percent, or approximately \$100 million, to keep pace with projected population growth and increased cost of service provision.

Support implementation of the Elder Justice Act (Senate Bill 795)

Elder abuse results in harm to an elderly person and may include physical abuse, neglect and/or financial exploitation. All 50 states have laws against elder abuse. The laws differ, but all states have systems in place for reporting and investigating suspected abuse. The Elder Justice Act will provide federal funding for Adult Protective Services; support new forensic expertise in elder abuse; authorize \$10 million for training, technical assistance, demonstration programs and research to improve long-term care ombudsman effectiveness in addressing abuse and neglect; authorize \$20 million in grants to enhance long-term care staffing through training employee incentives and improve the quality of information and research related to elder abuse. The Elder Justice Act addresses issues of abuse, neglect and exploitation for both community living and facility based services.

Support increases to Social Services Block Grant funding

The Social Services Block Grant funds (SSBG) allow states to supplement services such as adult protective services, adult day care/day health, nutrition and in-home aide. However, the amount of SSBG funds is limited and is not sufficient to meet the needs of the growing older adult population. Additional SSBG funds will help to reduce or eliminate waiting lists for services and provide funding for much needed Adult Protective Services.

Oppose continued cuts to the child support program

The child support program is an essential family support program intended to ensure families' self-sufficiency by making child support a more reliable source of income. Child support both reduces child poverty and is the backbone of family budgets of poor families. The program serves 17 million children and collects \$25 billion every year in support paid for children by their non-custodial parents. The effectiveness of the child support program is jeopardized by a 20 percent cut in federal funds included in the Deficit Reduction Act (DRA) of 2005. If these cuts continue, the Congressional Budget Office projects that \$11 billion in support will go uncollected over the next 10 years. Therefore, it is critical that the next administration leads the effort to repeal the 20 percent DRA child support funding cut and increase child support program funding.

Support delinking Aid to Families with Dependent Children from the IV-E Program

Congress needs to eliminate the current eligibility link between Title IV-E foster care and the AFDC (Aid to Families with Dependent Children) program as part of a finance reform proposal. Federal reimbursement for foster care should extend to all children in foster care, regardless of their parent's income.

Currently approximately half of the children in foster care in Catawba County qualify for the federal reimbursement. For a child's case to be eligible for federal reimbursement, the child's birth parents need to have a very low income that would have qualified for AFDC according to 1996 standards, which are outdated. All foster children placed in licensed foster homes receive exactly the same benefits and services regardless of the case's eligibility for federal reimbursement. When a child is not eligible for IVE, state and local funds must be used to offset costs of care. This same eligibility determination also affects the flow of federal dollars for the support of foster case management while a child is in foster care.

Support the reauthorization of the Child Abuse Prevention and Treatment Act

The Child Abuse Prevention and Treatment Act (CAPTA) is eligible for reauthorization. Since 1974, CAPTA has been a key part of the federal government's effort to help states and communities improve their practices in preventing and treating child abuse and neglect. CAPTA provides grants to states to support innovation in state child protective services and community-based preventive services, as well as research, training, data collection, and program evaluation. Congress needs to reauthorize CAPTA this year with the goal of strengthening and supporting state and community child maltreatment prevention efforts.

Support extension of the Federal Medicaid assistance participation rate subsidy/increase

Expanding Medicaid to cover low-income populations has been a prominent component of health reform proposals. The Federal Medical Assistance Percentage (FMAP) through the American Recovery and Reinvestment Act (ARRA) provided a temporary increase in the FMAP rate from October 1, 2008 through December 31, 2010. This provision increased the FMAP in three ways. First, States are held harmless for any for any decreases from their base FY 2008 FMAP rate through the first quarter of FY 2011. Second, ARRA provides a general 6.2 percentage point increase in the rates for all States. Third, ARRA provides an additional increase for States facing high growth in unemployment, revised quarterly to reflect new State unemployment data. Commonwealths and Territories have the option of a 30 percent increase in their Medicaid caps or a 6.2 percentage point increase in their FMAP rates combined with a 15 percent increase in their Medicaid cap.

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